

**IN THE UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF WEST VIRGINIA
AT CHARLESTON**

**ERIE INSURANCE PROPERTY
AND CASUALTY COMPANY,**

Plaintiff,

v

CIVIL ACTION NO.: 2:20-CV-00321

The Honorable Irene C. Berger, Judge

JAMES SKYLAR COOPER,

Defendant and Counterclaimant.

AFFIDAVIT OF LISA WHITE

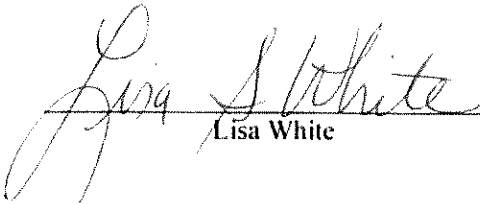
I, Lisa White, being duly sworn, depose and state as follows:

1. My name is Lisa White and I am the president of White Insurance Associates, Inc., an insurance agency located at 3512 Staunton Avenue SE, Charleston, West Virginia.
2. I am and was the principal agent for the insurance account for Pison Management, LLC, including the Commercial Auto Insurance Policy, Policy No. Q02 5830178, in effect on August 9, 2019, with a policy period of February 8, 2019 to February 8, 2020 (the "Erie Policy").
3. Although Pison Management, LLC initially selected \$500,000 in liability coverage and \$500,000 in underinsured motorist coverage, I was contacted by Pison Management, LLC in March of 2016 about increasing the levels of coverage on the Erie Policy.
4. Specifically, in March 2016, Pison Management, LLC increased the liability limits of coverage on the Erie Policy to \$1,000,000.
5. At the time that the liability limits on the Erie Policy were increased to \$1,000,000, Pison Management was also provided with the option to select the level of underinsured motorist coverage on the Erie Policy.



6. Attached hereto as "Exhibit A" are true and authentic copies of the change request and uninsured and underinsured motorist coverage offer forms that were provided to Pison Management, LLC in March 2016.
7. As the principal agent for Pison Management, LLC, I explained to Pison Management, LLC what the purpose of underinsured motorist coverage was, the various levels of coverage that could be purchased, and the premium charges related to each level of coverage offered.
8. Pison Management, LLC was presented with a commercially reasonable offer of underinsured motorist coverage and was provided with sufficient information by which it could make a knowing and informed selection of coverage.
9. Based on the information provided, Pison Management, LLC selected the level of underinsured motorist coverage that was equal to the liability coverage provided by the Erie Policy, in the amount of \$1,000,000.

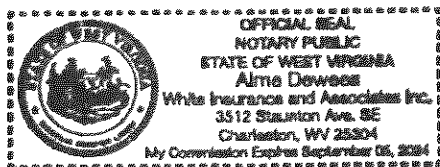
Dated this 25th day of November, 2020.



Lisa White

**STATE OF WEST VIRGINIA,
COUNTY OF KANAWHA:**

I, Alma Dowdes, a Notary Public, certify that the foregoing Affidavit was subscribed and sworn before me on this 25th day of November, 2020.

My commission expires: September 5, 2024.




Notary Public



ERIE INSURANCE GROUP
COMMERCIAL AUTO Change Request

PISON MANAGEMENT LLC
717 BRAWLEY WALKWAY
CHARLESTON, WV 25301-2201

Policy Nbr: Q02-5830178 00 Policy Eff: 02/08/2016 to 02/08/2017
Agent Nbr: EE1040 Agent Name: WHITE INSURANCE & ASSOCS INC
Agent Phone: (304)826-6662 Named Insured: PISON MANAGEMENT LLC
Change Effective: 03/15/2016 Amendment

1. Detailed Instructions:

*PLEASE INCREASE LIABILITY, UM, UIM LIMITS TO 1 MILLION EACH

IMPORTANT: If this change affects any other ERIE policy, please submit
a separate change request for that policy.

Agent (Date Printed): 03/15/2016 5:13:03 PM

Completed by: CAM

SIGNATURE OF NAMED INSURED (IF AGENCY REQUIRES):





UNDERINSURED MOTORISTS COVERAGE OFFER

(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACE BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.)

AGENT: White Insurance & Assoc. Inc.

POLICY/BINDER NUMBER: Q02 5830178

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: 1

Rates ☐ include ☒ do not include multi-car discount.

Below are different limits and the 12 month premium available to you.

MANDATORY OFFER (limits no less than liability coverage):

Single Limits		Premium		SELECT ONE*
\$500,000	<input type="checkbox"/> A	\$ 88	<input type="checkbox"/> A	

OPTIONAL OFFERS:

\$75,000	<input type="checkbox"/> B	\$ N/A	<input type="checkbox"/> B	
\$1,000,000	<input type="checkbox"/> C	\$ 103	<input type="checkbox"/> C	
REJECT	<input type="checkbox"/> D	REJECT	<input type="checkbox"/> D	

*A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection or rejection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limits is requested.

I have read the IMPORTANT NOTICE, attached, on UNDERinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select or reject limits of UNDERinsured motor vehicle coverage listed above. By making a selection for coverage, I am rejecting the other remaining offers of coverage.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

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UF-8963 01/16



UNINSURED MOTORISTS COVERAGE OFFER

(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.)

AGENT: White Insurance Assoc. Inc.

POLICY/BINDER NUMBER: Q02 58 30178

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: 1

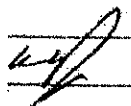
Rates ☐ include ☒ do not include multi-car discount,

Below are different limits and the 12 month premium available to you.

MANDATORY OFFERS (initial offer [A] represents limits no less than liability coverage):

Single Limits		Premium		SELECT ONE*
\$500,000	<input type="checkbox"/> A	\$ 23	<input type="checkbox"/> A	
\$350,000	<input type="checkbox"/> B	\$ N/A	<input type="checkbox"/> B	

OPTIONAL OFFERS:

\$75,000	<input type="checkbox"/> C	\$ N/A	<input type="checkbox"/> C	
\$1,000,000	<input type="checkbox"/> D	\$ 25	<input type="checkbox"/> D	

* A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limits is requested.

I have read the IMPORTANT NOTICE, attached, on UNinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select limits of UNinsured motor vehicle coverage listed above. By making a selection, I am rejecting the other remaining offers of coverage.


SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE